1. Annex 2

**Principal investigator's declaration on the staffing and facilities of the trial**

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| **Principal Investigator’s name:** | Szöveg beírásához kattintson vagy koppintson ide. |
| **Protocol No.:** | Szöveg beírásához kattintson vagy koppintson ide. |
| **Study unique SE identifier:** | Szöveg beírásához kattintson vagy koppintson ide. |

List of participants in the study, research

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Name | Phone number | E-mail address |
| Principal Investigator |  |  |  |
| Deputy Principal Investigator |  |  |  |
| Study nurse |  |  |  |
| Study Coordniator of the clinical trial |  |  |  |
| Block Coordinator (appointed in consultation with the Bureau) |  |  |  |
| External coordinator\*\* |  |  |  |
| Investigator(s) |  |  |  |
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Specific terms and conditions of clinical research or study

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The completed and signed declaration must be sent electronically in PDF format only to [klinikaikutatas@semmelweis-univ.hu](mailto:klinikaikutatas@semmelweis-univ.hu).

Date: Budapest, Szöveg beírásához kattintson vagy koppintson ide.

Principal Investigator

\* In the absence of the Principal Investigator

\*\* If not an employee of Semmelweis University does coordinate the research, please indicate the employer of record.